



# POOL INSPECTION CHECK LIST

City of Albuquerque  
Environmental Health Department  
Consumer Health Protection Division  
PO Box 1293  
Albuquerque, NM 87103  
311 or (505) 768-2638



**Check Box [✓] when item completed. Once ALL items are marked completed Email this form to [OSanchez@cabq.gov](mailto:OSanchez@cabq.gov) or [LStoller@cabq.gov](mailto:LStoller@cabq.gov) to request an opening inspection.**

- Annual Inspection is required to open
- Certified Pool Operator assigned to this facility is required

**After pool is opened for swimming – Daily Records must be maintained.**

## **POOL OPERATOR**

- ☐ Pool Operator's letter available for review
- ☐ Daily Operating & Accident Record readily available for review

## **POOL STRUCTURE**

- ☐ Ladders, Steps, Grab Rails – secure and in good shape
- ☐ Diving Boards, Platforms, Blocks and Slides – have non-skid surfaces and adequate area and depth of water
- ☐ Anti-entrapment grate on main drain securely attached
- ☐ Depth markings visible both on the pool wall and pool deck near edge
- ☐ Fill-Spout – 6 inch (152 mm) air gap or approved backflow prevention device, spout does not constitute a safety hazard
  - ☐ Note: Pools filled using water hose must have an approved back flow device attached to the potable water spigot. This device is also required at spigot/attachment used to prime pumps.
- ☐ Handrails – provided at all steps
- ☐ Skimmers, Gutters – covered and working properly
- ☐ Barriers – 48 inches (1.2 m) high and completely surrounding pool area
  - ☐ 1. Clear spaces between bars/railing 4 inches (102 mm) or less
  - ☐ 2. Bottom rail 4 inches (102 mm) or less above deck or grade
- ☐ Gates/Doors – self-closing, self-latching
  - ☐ Hardware for permanent locking provided at 45 inches above ground
- ☐ No direct connection between city sewer and swimming pool

## **SAFETY EQUIPMENT**

- ☐ Two or more U.S. Coast Guard approved ring-buoys a minimum of 18 inches (457 mm) outer diameter and attached throw line 1/4 inch thick (6 mm) approximately 0.50 (1/2) pool width plus 10 feet (3.1 m)
- ☐ Lifeline with floats at the break in grade
- ☐ One pole with life hook – 12 feet (3.7 m) or longer
- ☐ Safety signs conspicuously posted including:
  - ☐ 1. **WARNING – NO LIFEGUARD SERVICES PROVIDED. ALL CHILDREN UNDER THE AGE OF FOURTEEN (14) MUST BE ACCOMPANIED BY AN ADULT WITHIN THE BARRIER AREA. IN CASE OF EMERGENCY, CONTACT...**
  - ☐ 2. **NOTICE: WHILE THE POOL IS OPEN IF YOU HAVE ISSUES REGARDING POOL OPERATION, YOU CAN CONTACT SOMEONE BY.....**
  - ☐ 3. **Emergency phone numbers**
  - ☐ 4. **Pool capacity/bather load – 25 sq. ft. (2.3 m<sup>2</sup>)/person, Class A, B, C**
  - ☐ 5. **Resuscitation chart**
- ☐ Lifeguard required for Class A pools or pools with greater than 1800 sq. ft. surface area \* **see note on new State Regulation**
- ☐ First Aid Kit – American Red Cross 24 unit or equivalent
- ☐ Pool chemicals stored properly
- ☐ Telephone on premises – emergency Land Line (NO CELL PHONE) required that accurately identifies the pool location to the emergency responders answering the call
- ☐ If gas chlorine is used, contact our office for additional requirements
  - ☐ Ventilation ☐ Mask ☐ Alarm ☐ Ammonia ☐ Evacuation System ☐ Lead Washers
- ☐ Equipment kept safe and fit

## **OPERATIONAL**

- ☐ National Sanitation Foundation (NSF) approved disinfectant dispenser – must be working
- ☐ Appropriate Test Kits – chlorine (DPD type), pH, and stabilizer (cyanuric acid) test kit
- ☐ Pump, hair and lint strainer, pressure gauges, flow meters, skimmer strainer baskets, and weirs present, in good condition and working properly
- ☐ Flo Meter and Filter Pressure Gauges must be operational and accurate

## **MISCELLANEOUS**

- ☐ No animals allowed within the barrier, except service animals.
- ☐ Grounds, buildings, dressing rooms, walk-ways, etc. clean and sanitary.
- ☐ Daily operating records are to be maintained. All accidents are to be recorded and readily available for inspection
- ☐ The contact person (18 years or older) should be available at all times the pool is open to swimmers **or** to be reached by telephone, pager or cell phone and be able to respond within 30 minutes.
- ☐ No curbs or other tripping hazards.
- ☐ No glass or rigid plastic.

## **WATER QUALITY**

- ☐ Stabilizer (cyanuric acid) concentration less than 100 ppm
- ☐ pH of pool water maintained between 7.2 and 8.0
- ☐ Clarity – main drain clearly visible from the runway around the deep area.
- ☐ Chlorination:
  - ☐ 1. Non-stabilized chlorine maintained between 1 and 5 ppm \* Complies with new State Regulation
  - ☐ 2. Stabilized chlorine residual maintained between 1.0 and 4.0 ppm
- ☐ Bromination – bromine maintained between 2.0 and 6.0 ppm
- ☐ Wading and Whirlpools shall be disinfected to maintain a disinfectant residual 50% higher; i.e., 1.5 ppm instead of 1.0 ppm chlorine on stabilized pools
- ☐ Total dissolved solids shall be lower than 3000 ppm or 2000 ppm over naturally occurring TDS levels
- ☐ Daily water quality logs must be maintained using the Department approved Form. \* Can be downloaded from cabq.gov web site.

## **SPAS**

- ☐ Precaution sign
- ☐ Chlorination maintained between 2 and 5 ppm \*Complies with new State Regulation
- ☐ Temperature 104°F (40°C) max
  - ☐ Shatterproof thermometer
- ☐ Jets on 15-minute timer or clock visible to swimmers
- ☐ Spas with built-in seating shall indicate depth of seating level, as well as the maximum depth, on the deck
- ☐ Pool capacity – 10 sq. ft. (0.9 m<sup>2</sup>)/person

## **CERTIFICATION**

- ☐ **Swimming pool operators must successfully complete a training course approved by the enforcement authority**

Certified Operator Name: \_\_\_\_\_ CPO # \_\_\_\_\_

Responsible for Pool/Spa: (name) \_\_\_\_\_ Phone Contact # \_\_\_\_\_

Pool/Spa Address Street: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Contact Owner/Manager Name: \_\_\_\_\_ Phone Contact# \_\_\_\_\_

### **Important Notes:**

1. ANY renovations or modifications ( including equipment) will require meeting all new State of New Mexico Regulations.
2. ANY renovations or modifications (including equipment) will require all work to be performed by a licensed commercial contractor from an approved set of plans.
3. New State Lifeguard Requirements: For pools with a surface area greater than 2500 sq. ft. or a depth greater than five (5) feet require lifeguards ***unless the occupancy bather load is calculated at 1 person per 50 sq. ft. surface area.***
4. Salt Chlorine Generators will only be approved if they are rated for commercial applications and can maintain required residual chlorine levels.

# 2009 Request for Opening Inspection

This request for a pre-opening inspection should be completed by the Certified Pool Operator in charge of this Facility

To request a pre-opening operational inspection this entire 3 page form must be completed and Emailed to Consumer Health Protection to either of the following persons;

[OSanchez@cabq.gov](mailto:OSanchez@cabq.gov) or [LStoller@cabq.gov](mailto:LStoller@cabq.gov)

Certified Pool Operator Name: \_\_\_\_\_ CPO # \_\_\_\_\_

CPO Mailing Address: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

I am responsible for the following facility(s):

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_

Owner/Manager Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_

Pool/ Spa #1 Name \_\_\_\_\_ Bather Load: \_\_\_\_\_ Volume in Gallons \_\_\_\_\_

Surface Area: \_\_\_\_\_ Depth: \_\_\_\_\_ Lifeguard: Yes / No

Calculated at 1 person per 25 sq ft or at 50 sq ft.

Type of Disinfection: Bromine, Chlorine or Other \_\_\_\_\_ Name of CHPD Inspector: \_\_\_\_\_

Pool/ Spa #2 Name \_\_\_\_\_ Bather Load: \_\_\_\_\_ Volume in Gallons \_\_\_\_\_

Surface Area: \_\_\_\_\_ Depth: \_\_\_\_\_ Lifeguard: Yes / No

Calculated at 1 person per 25 sq ft or at 50 sq ft.

Type of Disinfection: Bromine, Chlorine or Other \_\_\_\_\_ Name of CHPD Inspector: \_\_\_\_\_

Pool/ Spa #3 Name \_\_\_\_\_ Bather Load: \_\_\_\_\_ Volume in Gallons \_\_\_\_\_

Surface Area: \_\_\_\_\_ Depth: \_\_\_\_\_ Lifeguard: Yes / No

Calculated at 1 person per 25 sq ft or at 50 sq ft.

Type of Disinfection: Bromine, Chlorine or Other \_\_\_\_\_ Name of CHPD Inspector: \_\_\_\_\_

Please indicate the times you are available for inspection: Hours from \_\_\_\_\_ To \_\_\_\_\_

List the Dates you are available for inspection: Dates Preferred: \_\_\_\_\_

*From past years previous experience you are all aware of how extremely busy all of the Consumer Health Protection Pool Inspectors are this time of year. We will make every effort to complete your pre-opening inspection on time and on the date you request. Upon receipt of this Request for Inspection Form, your inspector will be notified that you are ready and WILL CALL YOU TO SCHEDULE AND CONFIRM THE EXACT TIME AND DATE OF THE INSPECTION. Make absolutely certain that everything is working properly and in order to assure your facility will pass inspection. All failed inspections will only be re-inspected AFTER ALL OTHER SCHEDULED INSPECTIONS HAVE BEEN COMPLETED. A second follow-up inspection is very difficult with almost 500 pools needing inspection and wanting to open by Memorial Day. Check with your inspector PRIOR to your scheduled inspection if you have any questions or need help with any problem.*